

STATE OF WASHINGTON

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record for employment purposes as defined in (C) below.

_____ Signature	_____ Date	_____ WA License # or print full name and date of birth
--------------------	---------------	---

EMPLOYER ATTESTATION

(A) That the company named below ("Company") is an employer or prospective employer of the above named individual and that I am a representative authorized to bind Company.

(B) That **Advanced Background Check** is acting as agent on behalf of ADP Screening and Selection Services, Inc. who is acting as agent on Company's behalf to obtain the abstract of driver records of the above named individual.

(C) That abstracts of driver record shall be used by Company, or an agent acting on behalf of Company, for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of Company.

(D) That the information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Company Name

Address

Authorized Officer's Name and Title

_____ Signature	_____ Date
--------------------	---------------

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130. V061509